

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/581683** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1					
4		1				
5		4				
6	4					
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15	1					
16		1				
17		2				
18		2				
19						
20						
21		1				
22						
23	1					
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	23					
TOTAL CLAIMS	31					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						